

Permit Application for Moving Buildings

Name:	Date:
Address:	
Phone #: Business (if applicable):	
Property Owner:	Zoning District:
Description of Proposed Buildin Condition Report, etc.)	ng to be Moved (Moving Location, Timeline, General
	ON 15.1.11 Regulations for Moving Buildings PRIOR TO JBMISSION OF APPLICATION
Please provide a map of thePlease review and submitedPlease pay applicable per	all bond and insurance requirements.
I have read and understand the	e provisions of the application.
Name:	Signature:
For Office Use Only by Zoning Administrator and Building Inspector:	
Approved/Denied:	Conditions?
Approval Signature:	Date: